



PIOTR W. RUPNIEWSKI
515 SURREY RIDGE DR
CARY, IL 60013-3221

Date Mailed: 06/24/2024
Claimant ID: 6966816
Issue Number: 009

NOTICE OF FRAUD DETERMINATION AND RECOUPMENT DECISION

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con el departamento de control de Pagos de Beneficios al (800) 814-0513.)

The following determination and recoupment decision has been made with respect to the issue below.

AUDIT PERIOD: 06/14/2020 - 10/10/2020

ISSUES: 239 Wage. Was the Claimant receiving disqualifying income during the period under review? Should the benefits paid to the Claimant for which Claimant was ineligible be recovered or recouped? If so, in what amount? Did Claimant knowingly make a false statement or misrepresentation or knowingly fail to report a material fact in order to obtain benefits? What penalty should be imposed and what amount of penalty interest must be repaid or recouped?

FINDINGS OF FACTS: The evidence shows you were employed and earned wages while collecting Unemployment Insurance benefits. The amount of wages you received exceeded your Weekly Benefit Amount (WBA) or 50% of your WBA for at least one week under review. Earnings over WBA or over 50% of the WBA is considered disqualifying income and must be reported. You did not report your earnings on the claim because you failed to report your earnings correctly when certifying. Information obtained from you, your employer(s), your UI claim records and other interested parties support these facts.

CONCLUSION: For each week where amount of wages exceeded the allowed WBA amount, you did not meet the eligibility requirements. For each week where wages are less than WBA but exceeded 50% of the WBA, you met the eligibility requirements, but your WBA will be reduced by a deductible amount. You intentionally failed to report wages earned on your Unemployment Insurance claim as shown on the Overpayment Detail. You knowingly made a false statement or failed to disclose material facts for the purpose of receiving Unemployment Insurance benefits.

DECISION: You were not an unemployed individual and were ineligible for Unemployment Insurance benefits as shown on the Overpayment Detail with respect to this issue only. You are overpaid \$16,095.00 due to Fraud. This overpayment will not expire. You will not receive any benefits until the overpayment is repaid or recouped in full. In addition to the Fraud overpayment, you are required to serve 26 penalty weeks on any Illinois Unemployment Insurance claim filed within two years from the date of this Decision. You may serve penalty weeks only if you are unemployed, otherwise eligible, and certify for benefits. You are required to pay an additional penalty in the amount equal to 15% of the Fraud overpayment amount shown above. This additional penalty, in the amount of \$2414.25 , will be added to your overpayment. The amount may be recovered by a lawsuit, offset by the Illinois Comptroller or IRS from monies due to you, or recouped from future TRA or Unemployment Insurance benefits. Paying the debt in full does not preclude an individual from serving or paying penalties.

As this overpayment has been determined to occur through fraud, a waiver of recovery of the overpayment is not available. See 820 ILCS 405/900.

NOTE: For information regarding the exact language of the Unemployment Insurance Act, please visit the Agency's website at www.ides.illinois.gov/UIRights.

Sincerely,

Benefit Payment Control Investigations Department
Agent Phone: 800-814-0513

NOTICE OF AUDIT – OVERPAYMENT DETAIL

PROGRAM TYPE	WEEK PAID	AMOUNT		EMPLOYER OR CAUSE	BENEFITS			DECISION
		Reported	Earned		Paid	Allowed	Overpaid	
Regular	06/20/2020	191.00	1,486.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	1269.00	0.00	1,269.00	Fraud
Regular	06/27/2020	163.00	1,486.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	1269.00	0.00	1,269.00	Fraud
Regular	07/04/2020	118.80	1,479.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	1269.00	0.00	1,269.00	Fraud
Regular	07/11/2020	102.00	1,479.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	1269.00	0.00	1,269.00	Fraud
Regular	07/18/2020	220.50	1,479.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	1269.00	0.00	1,269.00	Fraud
Regular	07/25/2020	233.00	1,479.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	1269.00	0.00	1,269.00	Fraud
Regular	08/01/2020	171.00	929.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	969.00	0.00	969.00	Fraud
Regular	08/08/2020	105.00	929.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	969.00	0.00	969.00	Fraud
Regular	08/15/2020	118.00	929.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	969.00	0.00	969.00	Fraud
Regular	08/22/2020	426.00	929.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	785.00	0.00	785.00	Fraud
Regular	08/29/2020	461.40	929.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	750.00	0.00	750.00	Fraud
Regular	09/05/2020	279.00	1,889.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	932.00	0.00	932.00	Fraud
Regular	09/12/2020	333.00	1,889.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	578.00	0.00	578.00	Fraud
Regular	09/19/2020	370.00	1,889.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	541.00	0.00	541.00	Fraud
Regular	09/26/2020	261.00	1,889.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	650.00	0.00	650.00	Fraud
Regular	10/03/2020	191.00	2,135.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	669.00	0.00	669.00	Fraud
Regular	10/10/2020	217.50	2,135.00	ACTIVE CARE CENTER SC , TNR STAFFING LLC	669.00	0.00	669.00	Fraud

Total Benefits Overpaid : 16,095.00

15% Additional Penalty : 2414.25

Total Overpayment : 18,509.25

Exhibit A
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Appeal Rights.

If you disagree with this decision, you may complete and submit a request for reconsideration/appeal. A letter will suffice if you do not have an agency form. Your request must be filed with the Illinois Department of Employment Security within thirty (30) calendar days after the date this notice was mailed to you. If the last day for filing your request is a day that the Department is closed, the request may be filed on the next day the Department is open. Please file the request by mail or fax at the address or fax number listed on the first page. Any request submitted by mail must bear a postmark date within the applicable time limit for filing. If additional information or assistance regarding the appeals process is needed, please contact the Agency at the phone number listed on the first page.

If you file a request for reconsideration/appeal, continue to certify for benefits as long as you remain unemployed or until you are otherwise instructed, even though you will not receive benefits unless the appeal is decided in your favor.

For details regarding specific rules, requirements and sections of law, visit the agency's website www.ides.illinois.gov/UIRights.

Derechos de apelación.

Si no está de acuerdo con esta decisión, puede completar y presentar una solicitud de reconsideración / apelación. La apelación puede ser enviada por correo o fax a la Agencia, en la dirección o número de fax que aparece arriba. La apelación debe ser presentada dentro de los treinta (30) días a partir de la fecha de envío. Si la apelación se envía por correo, debe tener matasellos dentro de los treinta (30) días a partir de la fecha de envío. Si su solicitud resulta en una apelación, una audiencia se llevará a cabo ante un árbitro que le dará la oportunidad de presentar pruebas. Se le notificará por adelantado de la hora y lugar de la audiencia. Si necesita información adicional o ayuda con respecto al proceso de apelaciones, comuníquese con la Agencia al número de teléfono que aparece en la primera página.

Si usted presenta una apelación, continúe certificando para los beneficios mientras usted permanece desempleado o hasta que se le indique, aunque usted no recibirá beneficios a menos que la apelación se decida a su favor.

Para obtener información adicional sobre sus derechos de apelación visite nuestra página de internet en www.ides.illinois.gov/UIRights.